

Carcinogenic Risks in CT Scans: Advancements in Imaging Technology and Radiation Safety

Vedant Dave^{1*}, Shriya Chandrashekar²

¹Foothill High School, Pleasanton, California, United States of America

²Diamond Bar High School, Chino Hills, California, United States of America

Abstract—This literature review analyzes the past, present, and future of CT (CT) scans with a focus on their carcinogenic qualities. This paper investigates concerns about radiation exposure and its association with cancer risk, supported by multiple studies linking CT scan radiation to increased cancer incidences. Findings have linked CT scans with increased cancer incidence, yet there is limited discussion on how advances in technology mitigate these concerns. This study addresses this gap by analyzing the risks and emerging innovations that reduce radiation exposure. This case study will analyze advances that may be possible and attempt to predict the path of a CT scan. For methodology, we used a systematic review of peer-reviewed articles from databases such as PubMed, DOAJ, and The Mayo Clinic. We combined results from different papers and developed on the topics listed above, providing a systematic review and a probe for discussion. Findings indicate that individuals exposed to CT scans before the age of 22 have a 24–48 percent increased risk of hematological malignancies. However, emerging techniques such as low-dose CT (LDCT) protocols have reduced radiation exposure by up to 32 percent while maintaining diagnostic accuracy. Advances in artificial intelligence (AI) and photon-counting detectors further enhance imaging quality while mitigating risks. This paper highlights CT scans' dual role as a technological break-through and a potential health risk. Findings indicate that improved technology and patient safety protocols are lowering risk, yet future research should focus on optimizing radiation dose reduction strategies while ensuring early cancer detection remains effective.

Index Terms—CT Scans, Carcinogens, Cancer, Imaging Technology, Risk Assessment, Radiation Safety, Oncology.

1. Introduction

Computed tomography (CT) scans utilize a combination of X-rays and computer technology to create detailed cross sections of the human body. CT scans are commonly used to diagnose injuries, cancers, cardiovascular disease, and infections. In the early 1970s, scientists Godfrey Hounsfield and Allan Cormack were instrumental in developing what we now know as computed tomography (CT) scans, transforming medical imaging by producing detailed cross-sectional images of the body. The first successful CT scan in 1971 accurately detected a brain tumour, marking a significant milestone in medical diagnostics. Through-out the 1980s and 1990s, advancements in computing and detector technology led to faster scanning and higher image quality, with innovations such

as spiral CT enabling continuous imaging over time. Today, CT scans are the gold standard in diagnostic imaging, with ongoing advancements focused on improving accuracy while reducing radiation exposure. While CT scans have revolutionized medical imaging, concerns over their carcinogenic aspects are pressing and key towards improving the CT scan. Studies show that CT scans in younger patients, and repeated scans lead to higher risk of haematological malignancies, creating a growing challenge in medical imaging. While innovations strive towards solving this, further discussion is necessary to mitigate risks.

Advances in technology help in changes in clinical protocols and patient care strategies. The growth of CT scanners has shined light on just how popular they can be in the market and enriches the research collaboration. The prolific growth of CT scanning technology has made it a standard diagnostic tool in hospitals worldwide. Numerous companies' efforts have helped spearhead the development of CT scanners, improving the imaging speed, proficiency, and clarity. Researchers continue to disseminate findings on radiation safety and technological improvements in the CT field. CT scans have revolutionized medical imaging, providing accurate and efficient cross-sectional images that aid in the diagnosis of various diseases, including cancer, cardiovascular disease, and internal injuries. However, growing concerns about the long-term health risks associated with radiation exposure have raised ethical debates regarding the necessity, safety, and diagnostic reliability of this technology. Studies have shown that ionizing radiation from CT scans may increase cancer risk, prompting discussions about how to balance potential harm with the critical benefits of accurate medical diagnosis. Improving CT scans is vital in supporting the medical imaging community while introducing an improved imaging system.

This study explores how advancements in imaging technology can enhance diagnostic accuracy while minimizing radiation exposure. We systematically review past and current research on CT scan radiation exposure, evaluating its long-term effects and technological advancements aimed at minimizing these risks. In addition, we evaluate the role of CT in the advancement of more reliable imaging technologies, including the benefits of low-dose CT in improving imaging techniques. By synthesizing findings from multiple sources,

*Corresponding author: davevedant08@gmail.com

this paper aims to provide a comprehensive understanding of the risks and benefits associated with CT scans, highlighting how technological advancements can minimize radiation exposure while maintaining diagnostic accuracy.

2. Methods

This study utilises a review approach by analyzing different peer-reviewed papers and studies on CT scan radiation exposure, associated cancer risks, technological advancements to mitigate these risks and future directions. Our articles were mainly sources from databases such as Pubmed, DOAJ, The Mayo Clinic, and the US National Library of Medicine. We also utilized different articles from publishers such as Echelon Health, Harvard Health, and Radiological Society of North America (RSNA) and American College of Radiology among others. Most citations pertained to either studies done on cancer risk with CT scans, technological information of CT scans, future visions, or CT scan radiation information.

The study used sources that were reliable, relevant, and accurate to our comprehensive study of computed tomography scans. We used sources that were published within the years of 2000-present making sure our research was up to date and viable for current readers. We made sure our research focused on new advancements primarily in the fields of radiation and cancer risk assessments. Studies in the early 2000s were used to be the fundamental basis of our research making sure our research was historically significant. Only analytical research, diagrams, clinical trials, cross-checked systematic reviews were considered in this literature review providing valuable insights. Our research made sure to only include reputable websites, journals, government health organizations, and professor or peer reviewed work.

For data extraction, we extracted information from select studies, utilising current information that focused on radiation dosage, patient demographics and study results including information about risks associated with CT scans and cancer risk percentages. Our findings were categorized based upon advancements in technology, future directions, carcinogenic risks, and mitigation strategies.

When synthesizing our essay, we used a thematic approach, breaking down the paper into key themes and major ideas to provide a more structured analysis. We categorized our paragraphs by evaluating both the risks associated with CT scans and the advancements aimed at mitigating these risks. By ensuring core themes including, Technological Innovations in CT Scanning, Carcinogenic Risks of CT Scans, and Regulatory and Safety Measures were clearly high-lighted, we effectively provided a balanced and unbiased perspective on the true usage of CT scans.

3. Discussion

CT scans play a critical role in modern-day cancer achievement, advancements, and detection, as they provide in-depth cross-sectional images that help us see the internal structures of the body. Standard X-rays provide suppressed images and often two-dimensional images. In contrast, CT scans

provide three-dimensional images that play a vital role in figuring out the root causes of that certain type of cancer. The most common type of usage we see is in identifying tumors in regions other advanced tools cannot detect including parts of the esophagus, pancreas, and liver. This helps determine the cancerous growths and the treatment needed to prevent the further development of the tumor. These particular CT scans play a pivotal role in detecting cancer in its early stages, and preventive measures can be taken to stop it. By capturing these comprehensive and intricate images from different points of view, radiologists can assess cancer growth with remarkable precision. The contrast agents used in CT scans help to amplify the results (6) (7) (8).

CT scans have often been used for early-stage cancer detection. For example, low-dose CT (LDCT) plays a key role in early detection of lung cancer, especially in high-risk individuals such as long-term smokers. LDCT has been shown to reduce lung cancer mortality by identifying small, potentially curable tumors before they spread. Studies from Cancer Research UK show that early detection through low-dose CT can lead to significantly improved survival rates, with early-stage lung cancer having an 80 percent one-year survival rate compared to just 15 percent for advanced stages [5].

CT scans are also valuable in biopsies where they help in detecting faulty tissues. The proper reliability and diverse set of knowledge CT scans provide help in detecting cancerous tissues early. CT scans need to be moderately used as radiation can affect the body. Due to the location and depth of some tumors, CT-guided biopsies are critical in providing real-time imaging. The CT-guided biopsies help in using feasible tissue samples to find the clear location of tumors. In order to see where the needle would land, we can spot sampling errors that aid in suspicious tissue collection. This type of imaging also uses thinner, more precise needles, which provides significantly less trauma and pain a patient may endure if larger needles were used. This also helps prevent puncturing vital organs or causing external bleeding, making this technique highly adaptable and can be used in the lungs, abdomen, pelvis, and bones. In addition, these biopsies highlight the important role played in determining the genetic and molecular profile of a tumor that helps personalize treatment options. This method is useful in using that patient's condition, making tumors and diagnostic techniques much safer than surgery. By using high-detail imaging, they help in mitigating potential complications and confirming successes. As technology changes over time, these CT scan biopsies are like a stable rock in the workflow of oncology [12].

Analyzing the correlation between CT scan radiation and cancer risk requires looking at a multitude of factors including previous reports, age, exposure, and dosage. This section will discuss the radiation arising from a CT scan, its correlation to cancer risk, and the specifics on how radiation from CT scans can specifically create a higher risk for cancer. CT scans utilize ionizing radiation that has the potential to damage DNA, which can lead to the development of cancer. We are exposed to ionizing radiation normally, but the problem arises when looking at the statistics for radiation exposure in America over

the last 40 years. According to The Harvard Medical School, “The proportion of total radiation exposure that comes from medical sources has grown from 15 percent in the early 1980s to 50 percent today. CT alone accounts for 24 percent of all radiation exposure in the United States, according to a report issued in March 2009 by the National Council on Radiation Protection and Measurements.” An increase in radiation exposure wouldn’t raise suspicion about the likelihood of carcinogenic characteristics, yet when looking at the statistics of cancer cases reported we see a similar trend. Looking at the image referenced at the bottom from the Division of Cancer Control and Population Sciences, we can see that over the last 40 years cancer cases have risen exponentially, and are projected to reach even higher numbers. Seeing an increase in medical radiation exposure, and cancer cases we can see a correlation here.

Aside from simple demographics, there have been numerous studies done on this topic as well. A study done by Mark S Pearce studied leukemia and brain tumor incidence in 180,000 patients in Great Britain. They noted that the patients went under CT scans before the age of 22, and found a significant increase in risk for both cancers. A study done by John D. Mathews shows similar results, as they analyzed cancer incidence in 11 million Australians under 20. They compared those who had CT scans to those who didn’t. They reported “24 percent higher cancer incidence in the CT scan group” [3]. As shown through multiple studies, those who experience a CT scan at younger ages have a higher risk for cancer later on in life, encouraging us to assume that the radiation in CT scans has a carcinogenic side effect.

Looking at the specifics of cancer types, we discover a correlation between CT scans and haematological cancers in particular. In a large study, individuals with at least one CT scan before the age of 22 were found to have an increased risk of developing haematological cancers, particularly lymphoid and myeloid cancers and acute leukaemia [1]. Considering why these specific cancers are relevant when discussing the carcinogenic effects of CT scans, we come upon a relation in 2 categories: Dose-response and repeated scans. Bosch and others found that there was a correlation between cumulative ABM dose and the risk for haematological malignancies, with the minimum being at doses “10-15 mGy for NHL as a whole and for mature B cell neoplasms” [3]. Their data analyzed a range of doses, realizing that a higher dose generally led to a higher risk of cancer. They observed elevated RR for “lymphoid malignancies and for myeloid malignancies and AL separately in most dose categories compared with the reference (Table 2), with risk estimates generally increasing with dose” [1]. Aside from doses they also researched correlation among repeated scans. On average, the risk of all haematological malignancies increased by 43 percent with each additional scan. Furthermore, the risk rose by 42 percent for lymphoid malignancies and by 48 percent for myeloid malignancies, including acute leukaemia. This dose-response relationship demonstrates the clear connection between repeated exposure and carcinogenic risks. Higher dose, repeated exposure, and age are all significant factors when analyzing the relationship between CT

scans and cancer. It’s critical to ensure proper precautions and limited exposure to CT scans are taken to reduce risks for complications later on.

To help safeguard patients against potential risks, enhance evidence-based integrated guidelines. Numerous organizations, such as the American College of Radiology (ACR) and the Radiological Society of North America (RSNA), have helped introduce critical criteria to technicians and clinicians in selecting the most satisfactory type of imaging. The integration of recognition processes, such as minimization of the dosage, has helped decrease radiation exposure across multiple scans. Incorporating the guiding protocols that join radiation safety, known as the ALARA principle, ensures that doses are minimal while still giving diagnostic clarity. Radiologists, physicists, and technicians are critical in developing and implementing improved imaging techniques customized for in-dividual patient requirements. By doing so, patients are safely monitored and require frequent scans, which also help reduce long-term risks posed by unnecessary exposure to radiation.

The future directions in research and clinical practice for CT scans mainly involve technological advances, specifically image quality and speed, reduced radiation exposure, and integration of artificial intelligences focused on patient-centric technologies. In enhanced image quality, a number of new technologies are currently emerging, including photon-counting CT technology, advanced re-construction algorithms, and enhanced detector materials [9], [10].

Currently, photon-counting CT represents a significant leap forward in imaging technology. Photon-counting detectors directly count individual photons, compared to a traditional method of measuring the energy of X-rays after their interaction with scintillation materials. In a photon-counting Ct, the detector directly converts incoming X-ray photons into electrical signals which involves photon detection and signal generation. This process leads to an improved spatial resolution and dose efficiency. Considering the design of photon-counting detectors and its ability to host smaller pixel sizes, it forges a path for higher spatial resolution. Spatial resolution is a key detail in visualizing fine anatomical details and small lesions. Photon counting technology also eliminates sources of electronic noise, generating a clearer image with fewer artifacts.

Our research was thorough; however, we encountered several limitations through-out our study. We faced constraints in analyzing large datasets, limited access to proprietary data, and a lack of long-term studies. The large variability in radiation dose measurements led to inconsistencies, and differences in global regulations restricted the generalization of our conclusions. Additionally, rapid advancements in CT technology make it challenging to stay updated. Nevertheless, we incorporated the latest developments to provide a structured, evidence-based perspective on CT scan risks and advancements.

Computed tomography (CT) scans have greatly transformed the field of advanced imaging techniques vital for precise diagnosis. The ability to provide cross-sectional images has helped medical technicians and clinicians approach complex

medical conditions by enabling faster and more accurate ways to solve cases. The journey of CT scans from early pioneers to modern day cutting edge technologies reflects the relentless pursuit of improving precision in health-care. This case study delves into the multi-faceted evolution of CT technology, highlighting its historical milestones, current applications, and the ongoing innovations shaping its future.

CT scans have been a key tool for while CT scans are invaluable tools in detecting and managing life-threatening conditions such as cancer, their use is not without drawbacks. The ionizing radiation they emit poses a significant health risk, particularly in younger populations and those requiring repeated scans.

However, continuous technological advancements, including low-dose protocols and photon-counting detectors, demonstrate the medical community's commitment to addressing these concerns. Innovations like artificial intelligence integration, enhanced detector materials, and iterative reconstruction algorithms further promise to reduce radiation exposure while improving diagnostic accuracy.

Ultimately, the future of CT scans lies in a balanced approach that maximizes their diagnostic potential while minimizing their risks. This includes on-going research on radiation safety, the implementation of evidence-based guide-lines, and patient-centric care. As CT technology continues to advance, its role in early detection and treatment will remain indispensable, ensuring better outcomes for patients worldwide while striving to mitigate its long-term health impacts.

Cancer Prevalence and Projections in U.S. Population from 1975-2040

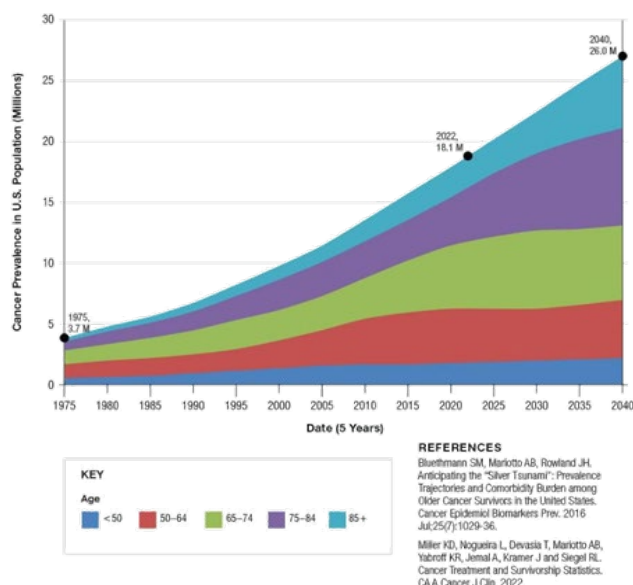


Fig. 1. An upwards trend in cancer has been noted in previous years

References

- [1] Bosch de Basea Gomez, M., Thierry-Chef, I., Harbron, R. et al. Risk of hematological malignancies from exposure to CT radiation in children, adolescents, and young adults. *Nat Med*. 29, 3111-3119 (2023).
- [2] Pearson MS, Salotti JA, Little MP, McHugh K, Lee C, Kim KP, Howe NL, Ronckers CM, Rajaraman P, Craft AW, Parker L, Berrington de Gonzalez A. Radiation exposure from CT scans in childhood and subsequent risk of leukemia and brain tumors: a retrospective cohort study. *Lancet*. 2012 Aug 4;380(9840):499-505.
- [3] Mathews JD, Forsythe AV, Brady Z, Butler MW, Goergen SK, Byrnes GB, Giles GG, Wallace AB, Anderson PR, Guiver TA, McGale P, Cain TM, Dowty JG, Bickerstaffe AC, Darby SC. Cancer risk in 680,000 people exposed to computed tomography scans in childhood or adolescence: data linkage study of 11 million Australians. *BMJ*. 2013 May 21;346:f2360.
- [4] Schulz RA, Stein JA, Pelc NJ. How CT happened: the early development of medical computed tomography. *J Med Imaging (Bellingham)*. 2021 Sep;8(5):052110.
- [5] The Role of CT Scans in Cancer Detection. Echelon Health. Echelon Health, 28 Nov. 2024, www.echelon.health/the-benefits-of-a-ct-scan-for-cancer-detection/
- [6] Computed tomography (CT) scans and cancer fact sheet. Fact Sheet - NCI. (n.d.). <https://www.cancer.gov/about-cancer/diagnosis-staging/ct-scans-fact-sheet>
- [7] American Health Imaging. (2023, November 8). How does my doctor use a CT scan to detect cancer? <https://americanhealthimaging.com/how-does-my-doctor-use-a-ct-scan-to-detect-cancer/>
- [8] City of Hope. (2022, March 2). CT scan (CAT scan) for Cancer Detection and Treatment. City of Hope. <https://www.cancercenter.com/diagnosing-cancer/diagnostic-imaging/ct-scans>
- [9] Global Market Estimates Research and Consultants. (2024, December 7). Next-Gen CT Scanners: What to expect by 2028. <https://www.globalmarketestimates.com/blogpost/next-gen-ct-scanners-what-to-expect-by-2028-181>
- [10] Cao, Chun-Feng, et al. "CT Scans and Cancer Risks: A Systematic Review and Dose-Response Meta-Analysis." *BMC Cancer*, U.S. National Library of Medicine, 30 Nov. 2022.
- [11] Esquivel, Andrea, et al. "Photon-Counting Detector CT: Key Points Radiologists Should Know." *Korean Journal of Radiology*, U.S. National Library of Medicine, Sept. 2022.
- [12] Radiological Society of North America (RSNA) and American College of Radiology (ACR). "Kidney-Biopsy." *Radiologyinfo.Org*, www.radiologyinfo.org/en/info/kidney-biopsy, Accessed 9 Dec. 2024.
- [13] How Biopsy Procedures Are Used to Diagnose Cancer. Mayo Clinic, Mayo Foundation for Medical Education and Research, 13 Dec. 2023, www.mayoclinic.org/diseases-conditions/cancer/in-depth/biopsy/art-20043922
- [14] Radiological Society of North America (RSNA) and American College of Radiology (ACR). "Needle Biopsy of the Lung." *Radiologyinfo.Org*, www.radiologyinfo.org/en/info/nlungbiop, Accessed 9 Dec. 2024.
- [15] Needle Biopsy. Mayo Clinic, Mayo Foundation for Medical Education and Research, 20 Nov. 2024, www.mayoclinic.org/tests-procedures/needle-biopsy/about/pac-20394749
- [16] Radiological Society of North America (RSNA) and American College of Radiology (ACR). "General Biopsy." *Radiologyinfo.Org*, www.radiologyinfo.org/en/info/biopgen, Accessed 9 Dec. 2024.
- [17] "Radiation Risk from Medical Imaging." *Harvard Health*, 30 Sept. 2021, www.health.harvard.edu/cancer/radiation-risk-from-medical-imaging